

TWELVE TIPS

Twelve tips for effective online discussions in continuing medical education

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ABSTRACT *Online discussions for continuing medical education are increasing but many are ineffective. Close attention needs to be paid to the requirements of the learner and the wider healthcare organizational context within which continuing medical education takes place. There is a preference for structured and facilitated online discussions by this group of doctors. The essential skills for effective online facilitation are outlined.*

Introduction

There is increasing use of online discussions in continuing medical education. The attraction of online methods is that learners can have the opportunity to share information and learn collaboratively despite the group not being physically present. This is particularly important when learners are widely geographically distributed and when there are varying times when learners can meet.

A wide variety of information and communication technology has been used to connect learners. Email can be used for online discussions, especially if there are listservs which send emails to a wide distribution list. The main difficulty with this approach is that it can be difficult to follow the thread of a discussion. Discussion boards are the main approach and they allow all messages to be threaded so that the sequence of postings can be easily identified. Newer technologies including blogs, wikis, Internet chat rooms and instant messaging have been less commonly used.

The use of online discussions has an exciting potential for continuing medical education but my experience is that they are often ineffective, with low levels of active participation and engagement with collaborative learning. My experience is based on several years of actively developing and researching a variety of online discussions for continuing medical education, including postgraduate courses for an academic award and more informal approaches for public health professionals and general practitioners (Sandars & Walsh 2004; Sandars & Langlois, 2005; Sandars *et al.*, 2005). Simply providing the latest technology will not guarantee an effective online discussion. There is an essential social component but attention also has to be directed to the underlying educational approach and the wider organizational context. In this article, I offer some practical tips on how to develop effective online discussions for continuing medical education.

Tip 1

Be clear about why online discussions are to be used

It is not a good reason to use online discussions simply because the technology is easily available. Online approaches are most effective when learners cannot easily meet face to face, such as when learners are widely distributed. A blended approach, in which online discussions are used as an integral part of other educational provision, is more likely to be effective, such as supporting a more formal award-bearing course. The development of an online discussion does not usually reduce the time required for the educational provider but often allows a more flexible approach.

Tip 2

Ensure that the perspective of the user is obtained

An important question to ask is: “What does the learner want from this online approach?” Some learners want to engage in an active discussion on a topic but others want only a quick answer to a question and do not wish to enter a discussion (Sandars & Langlois, 2005). This will have implications for the design of the approach. The learner may have several practical concerns, such as the required level of computer skills, access to the Internet and the time commitment that is required to participate. Many case studies that actively promote the use of online discussions are based in academic institutions where the online discussions are an integral part of the course and there is easy access to a fast Internet connection. It is essential to anticipate problems, especially the lack of basic computer skills and Internet access. A slow Internet connection may significantly slow down the use of a discussion board but email will hardly be affected. The technology chosen for the approach should always be determined by the lowest level of technology available to the learner.

Tip 3

Ensure that there is organizational readiness

The introduction of an online approach to discussions is usually new to learners, educational providers and the wider

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healthcare organization within which they work. It is important to ensure that the healthcare organization is ready to accept the new approach since it can be a major barrier. I have found that healthcare organizations do not always provide easy Internet and computer access at work, and there is also lack of recognition of the need for protected time for learning to use the Internet (Sandars & Langlois, 2005).

Tip 4

Choose an appropriate information and communication technology

The choice of technology will be dependent on several factors, including its availability, cost and technical support. However, the choice should be determined by the needs of the user. Effective online discussions require ease in following a sequence of messages and this calls for the use of a discussion board or a blog. The need for quick answers may be better served by a listserv and this can be combined with a discussion board or provided separately. Many discussion boards have been developed by people with technical interests in computing and often they regard their designs as intuitive to use. However, it is essential to make sure that the intended user also finds the technology as easy to use. Most software for discussion boards allows simple modifications to be made. An important aspect for busy doctors is to know when a message has been posted in response to their message. It is very frustrating to keep entering a discussion board to find no new postings. It is now possible to be notified, such as by email, when new messages are posted.

Tip 5

Develop the social aspects of the online group

Online discussions are a social process and the development of mutual trust between group members is essential. This can be most effectively achieved by face-to-face meetings, especially at the beginning of the online group, but also at regular intervals. An initial meeting is also useful to introduce learners to the technology. Although face-to-face meetings may be impossible, the initial development of the learners into a social group is still important. This can be achieved online by providing an opportunity for learners to introduce themselves and share their hopes and expectations for the group.

Tip 6

Decide whether to use a structured or an unstructured approach

A structured online discussion has a series of clearly defined steps that guide the learner to consider important aspects of the topic under discussion but an unstructured approach merely offers the technology and expects the learners to engage in discussion. My experience identified that doctors prefer structured online discussions, probably because of previous educational experiences (Sandars & Walsh 2004; Sandars & Langlois 2005; Sandars *et al.*, 2005). I have also found it useful to provide suggestions on how to

write messages. This may sound obvious but it is important to remember that these messages are usually the only means of communication between the learners. Messages should be short, like a postcard, and show respect for the views of other learners.

Tip 7

Decide whether to have an online facilitator

Doctors state that they prefer online discussions that have an online facilitator who can act as a 'guide on the side' (Sandars & Walsh 2004; Sandars & Langlois 2005). The facilitator can ask questions, challenge various points of view, summarize discussions and move on to another topic. The main role of the facilitator is probably to provide a consistent human presence in the online world and to ensure that the discussion has a rhythm. It is inevitable that participation will fall when it appears that messages are not read and responded to by other group members. The facilitator can provide messages at these times to maintain the level of participation. Many online discussions are superficial but the facilitator can provide the essential challenge to deepen the discussion.

Tip 8

Train the online facilitators

The facilitation of an online discussion, often called e-moderation, requires an appreciation of the unique aspects of this approach (Salmon, 2000). Great care has to be taken in the writing of messages. It is important that the meaning intended by the facilitator is clearly conveyed to the reader and that any instructions are as specific as possible. An important role of the facilitator is to develop a 'social presence' in which the usual social aspects of communication are maintained online, such as commenting on the weather or the price of petrol. All online groups evolve gradually over time and the role of the facilitator should change in relation to the stage of the group. Initially, the group tends to be concerned with socialization and becoming accustomed to the new approach but over time it becomes more productive for collaborative learning. It is important for the facilitator not to move beyond the stage at which the group is functioning. Providing a challenge to comments at an initial stage may lead to disastrous results.

Tip 9

Respond to common problems in online discussions

The two main problems that occur in online discussions are 'flaming' and 'lurkers' (Preece, 2000). Flaming occurs when a group member begins to post aggressive messages to other group members. The consequence of this behaviour is that there is loss of mutual trust and the group activity begins to fall dramatically. A facilitator can respond rapidly by using appropriate messages and by encouraging other group members to continue posting messages. As a final action, the facilitator can block access to the discussion. Lurkers read messages but do not post, and this results in the breakdown of reciprocity in which members who post messages expect them to be replied to. A facilitator who is aware of lurkers

can post more general messages that encourage all members of the group to post messages.

Tip 10

Consider enhancing the online experience

Some members of online discussions do not like the text-based method of messages but prefer the use of multimedia. The discussions can easily be enhanced by the attachment of files and the insertion of links to interesting websites in the messages. The files can include pictures and also audio, such as mp3 files. Several discussion boards and blogs allow photographs of the members to be posted in a separate area.

Tip 11

Evaluate the effectiveness of the online discussions

An effective online discussion is dependent on a complex mix of interrelated factors: the learner, the educational provider, the technology, the online approach and the organization. It is impossible to ensure an adequate fit for all these factors when an online discussion is implemented and it is also impossible to predict the impact of the new approach. My experience suggests that the lessons learned are not often used to modify subsequent online discussions and this is usually because early evaluation is not made. There is often the assumption of 'one size fits all'.

Tip 12

Plan for future expansion

Many online discussions are implemented as pilot projects and small-scale interventions but little thought is often given to future expansion. When online discussions are effective they are well received by both learners and educational providers. The consequence is that the approach is quickly adopted but is often limited by having inadequate infrastructure, especially technical infrastructure. The discussions may need to be archived so that the learners can refer back to previous messages or files. This requires additional technical complexity, especially if this archive is to be searchable. In addition, administrative help may be required to deal with technical queries.

References

- PREECE, J. (2000) *Online Communities* (Chichester, Wiley).
- SALMON, G. (2000) *E-moderating: The Key to Teaching and Learning On-line* (London, Kogan Page).
- SANDARS, J. & LANGLOIS, M. (2005) On-line learning networks for general practitioners: evaluation of a pilot project, *Education for Primary Care*, 16, pp. 688–696.
- SANDARS, J., McDONOUGH, R., McDONOUGH, J. & BURTON, J. (2005) Developing an effective e-mail discussion group, *Work Based Learning in Primary Care*, 3, pp. 142–153.
- SANDARS, J. & WALSH, K. (2004) E-learning for general practitioners – lessons from the recent literature, *Work Based Learning in Primary Care*, 2, pp. 305–314.

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